



## Declaration of Estate

**Client:**

**Account #:**

**Balance:**

**Is the above account covered by Life Insurance or Payment Protector Insurance?**

**Full Name of Deceased:** \_\_\_\_\_  
Given Name Middle Initial Surname

**Date and Place of Death:** \_\_\_\_\_  
Month/Day/Year City/Town Province

**Executor/Administrator/Personal Rep:** (provide copy of will to verify named executor)

\_\_\_\_\_  
(Full Name, Address and Phone Numbers)

**Barrister/Solicitor:** (provide name and telephone)

**Has the estate been probated?**

If yes, in what province? \_\_\_\_\_

**Have the funeral expenses been paid?**

**Description of Assets:**

**Real Estate Property:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Value and Equity

\_\_\_\_\_  
Address

\_\_\_\_\_  
Value and Equity

**Is the above property in Joint Tenancy?**

**Vehicle:** (make/model/year)

**Have the CPP Death Benefits been received and disbursed?**

If not, what is the residual amount?

<b>Investments:</b>		
<b>RSP/RRSP</b>	_____	
Beneficiary Assignment	_____	
<b>Mutual Funds</b>	_____	
Beneficiary Assignment	_____	
<b>Stocks/Bonds</b>	_____	
Beneficiary Assignment	_____	
<b>G.I.C.</b>	_____	
Beneficiary Assignment	_____	
<b>Chequing/Savings</b>	_____	
Beneficiary Assignment	_____	
<b>Is the bank account a joint account?</b>		
<b>Cash on Hand</b>	_____	
<b>Life Insurance</b>	_____	
Beneficiary Assignment	_____	
<b>What sources of funds are available for payment of the outstanding debt?</b>		
<b>What is the proposed amount and date of payment?</b>		
<b>Description of Additional Liabilities:</b>		
Creditors and/or debts not mentioned above such as personal debts, crown debts, Canada Customs Revenue Agency, etc. including amounts owed.		
1)	_____	
2)	_____	
3)	_____	
4)	_____	
5)	_____	
6)	_____	
7)	_____	
8)	_____	
<b>I hereby acknowledge the estate's liability to the above-mentioned account(s) and affirm that the information provided is correct and complete.</b>		
<b>Executor/Administrator/Solicitor/Personal Rep/Next of Kin:</b>		
_____	_____	_____
Print Name	Signature	Date
Should you have questions or concerns, contact one of our representatives at 1-800-267-0490.		
<b>Confidentiality of the above information is guaranteed by the Privacy Act.</b>		

**By checking this box and clicking "Submit", I acknowledge that I am offering a digital signature and that I assume any liability to the above-mentioned account and document and that all information herein is correct and complete.**